

MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)

SERIAL NO. 10/507,834 FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1 st AMENDMENT		AFTER 2 nd AMENDMENT			AS FILED		AFTER 1 st AMENDMENT		AFTER 2 nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.		IND.	DEP.	IND.	DEP.	IND.	DEP.
1	1						51						
2		1					52						
3		13					53						
4		21					54						
5		10					55						
6		41					56						
7		10					57						
8							58						
9							59						
10		1					60						
11		1					61						
12							62						
13							63						
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45							95						
46							96						
47							97						
48							98						
49							99						
50							100						
TOTAL IND.	1		↓		↓		↓						
TOTAL DEP.	8		←		←		←						
TOTAL CLAIMS	9												

BEST AVAILABLE COPY